

**Mental Health Services Act**  
**Prevention and Early Intervention - Proposed Principles and Implementation Recommendations**  
**California Mental Health Directors Association (CMHDA)**  
**7/27/06**

Proposed Principle	Implementation Recommendation
<p>1. <b>Alignment with MHSA direction.</b> The PEI requirements should be designed to align with the explicit direction of the MHSA, which is to seek strategies to prevent mental illness from becoming severe and disabling across the lifespan, with particular attention to reducing the disproportionate burden of mental illness on ethnic minorities.</p>	<p>1.1 Local PEI plans should identify prevention and early intervention needs of each of the four age groups based on need data gathered during the CSS planning process.</p> <p>1.2 Local PEI plans should identify specific focal populations within each age group to be the focus of proposed prevention or early intervention strategies.</p> <p>1.3 Based on analysis of unmet need information gathered through the CSS planning process, proposed local prevention or early intervention strategies should be required to prioritize strategies that impact focal populations with greatest unmet need and disproportionate burden, and that address concerns that carry the greatest risk of becoming severe and disabling without early intervention.</p>
<p>2. <b>Alignment with DMH Vision and Guiding Principles.</b> PEI requirements should be in alignment with the DMH MHSA Vision and Guiding Principles and should be consistent with recent reports that outline key priorities for prevention and early intervention, such as the President's New Freedom Commission, and the Healthy Outcomes 2010.</p>	<p>2.1 OAC in collaboration with DMH, CMHDA, the Mental Health Planning Council, with state and local stakeholder input, should agree upon PEI Initial Three-Year Strategic Goals to guide local PEI Plans. The Goals identified should be based on objective needs information identified through local CSS planning; and through statewide needs data relevant to prevention and early intervention needs that are in alignment with MHSA direction. The PEI Initial Three-Year Strategic Goals document should:</p> <ul style="list-style-type: none"> <li>a) outline initial strategic goals</li> <li>b) provide basis of selected goals (needs data, science/knowledge, and stakeholder voice)</li> <li>c) provide operational definitions of prevention and early intervention strategies</li> <li>d) provide a user-friendly framework and logic model for PEI planning</li> <li>e) provide an inventory of best and promising PEI strategies applicable to MHSA</li> </ul>
<p>3. <b>Based in CSS values.</b> PEI requirements should include expectations that the principles of cultural competency, consumer and family involvement, system partnerships, resiliency and recovery, and accountability are embedded elements in PEI strategies, insuring that the principles guiding all components of MHSA implementation are cohesive and consistent.</p>	<p>3.1 Each PEI strategy proposed in local PEI Plans should describe how one or more of the following key system elements relate to the proposed strategy:</p> <ul style="list-style-type: none"> <li>a) cultural competency</li> <li>b) consumer and family involvement</li> <li>c) cross-system partnerships</li> <li>d) resiliency and recovery philosophies</li> <li>e) alignment with the local CSS Plan</li> </ul> <p>3.2 For each prevention or early intervention strategy proposed in local PEI Plans, there should be a clear delineation of:</p> <ul style="list-style-type: none"> <li>a) who is to be the recipient or focus of the strategy</li> <li>b) what condition is expected to be impacted by the strategy</li> <li>c) how will the strategy be carried out</li> <li>d) what controls will be in place to assure the quality of the strategy</li> <li>e) how the strategy process and outcomes will be documented and measured</li> </ul>

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<p>4. <b>Targeted to specific concerns outlined in MHSA.</b> PEI requirements should insure that the prevention and early intervention initiatives implemented statewide and locally are directed at alleviating and preventing the specific negative conditions outlined in the MHSA, which are: suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes.</p>	<p>4.1 For each prevention or early intervention strategy proposed in local PEI Plans, counties should describe how the strategy will impact one or more of the specific negative conditions outlined in MHSA.</p>
<p>5. <b>Include statewide and local PEI plans and initiatives.</b> PEI requirements should differentiate those strategies which are best provided through statewide and local initiatives. Decisions should be based on available evidence that identifies best and promising strategies proven to be most effective when implemented on statewide or local levels.</p>	<p>5.1 PEI Local plans should select specific prevention and/or early intervention strategies identified to have demonstrated effectiveness, and that are considered to represent a promising or best prevention or early intervention model. The OAC in collaboration with DMH and CMHDA, should seek feedback from statewide and local stakeholders and prevention and early intervention experts to establish an inventory of models that are in alignment with MHSA philosophy and goals. Counties should be encouraged to select from the model strategies and should be asked to explain their rationale for selection of strategies other than those from the preferred model list.</p> <p>5.2 Through the process outlined in 5.1, model prevention and early intervention strategies should be considered and prioritized from the perspective of statewide or regional implementation. All regional and statewide strategies selected must have concurrence from CMHDA, based on consensus agreement from counties.</p>
<p>6. <b>Local PEI plans should tie to local CSS plans.</b> PEI requirements should expect local PEI plans to be tied to local community concerns identified through the CSS planning process regarding negative outcomes resulting from untreated mental illness across the lifespan, thus supporting the development of comprehensive local mental health systems that offer a continuum of prevention, early intervention, and intervention services.</p>	<p>See 1.1, 1.2, 1.3 and 3.1</p> <p>6.1 PEI Plans should be required to clearly tie to CSS Plans and to demonstrate a local strategic effort to develop comprehensive integrated local delivery system of prevention, early intervention and intervention services.</p>

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<p>7. <b>Provide a clear and understandable PEI framework.</b> PEI requirements should be outlined within an understandable framework that provides stakeholders with the means and opportunity to participate meaningfully in establishing PEI priorities at individual system and community levels. Such a conceptual model should be consistent and compatible with the “logic model” framework provided through CSS planning that requires planning to tie to community concerns, unmet needs, specific populations by age, and best practice intervention strategies, in order to determine to whom PEI strategies are directed, what they expect to accomplish, and how effectiveness will be determined.</p>	<p>7.1 A simple and easy to understand MHSA framework should be outlined that offers all planners and stakeholders a means to consider PEI strategies within the context of MHSA (see Attachment A for examples). The framework should provide a lifespan perspective on mental health need relative to levels of intervention that span a continuum of prevention, early intervention, and intervention. The framework should tie critical community concerns, to unmet need, disparities, target focal populations, and continuums of prevention, early intervention and intervention.</p>
<p>8. <b>Guided by best and promising strategies.</b> PEI selected strategies should be based on practice-based evidence of best and promising strategies that are effective with ethnic populations in the prevention of and early intervention in mental illness. These strategies, when aligned with the “logic model” and stakeholder concerns, desires, and involvement, maximize the potential for positive, cumulative results of all components of MHSA.</p>	<p>See 2.1, 5.1, 5.2</p> <p>8.1 PEI guidelines should highlight select strategies that embody the values, philosophy, and operational elements that embody the intent of MHSA, similar to the emphasis in CSS guidelines on wraparound and AB2034 intervention models.</p>
<p>9. <b>Based in a common accountability framework utilized for all MHSA components.</b> The PEI and other components of MHSA should be placed within the context of a common evaluation framework, thus allowing for evaluation of the impact of distinct and cumulative strategies implemented through the various components of MHSA. This is critical to providing the public with evidence of the tangible results being achieved through MHSA.</p>	<p>See 7.1</p> <p>9.1 Evaluation of PEI strategies should be carried out within the context of a broader MHSA evaluation framework in order to offer a comprehensive perspective on the impact of MHSA at the statewide and local levels (see Attachment B for example).</p>